

# Personal Information Update Form



King County

- Check the information you're updating – name, home address/phone number, etc. This form automatically updates the information to the payroll system and, through the payroll system, updates your benefit plan carriers, state retirement system and deferred compensation plan. However, it doesn't update your union or credit union; contact them separately. (Any other job, employment or personal data update requires completion of a Personnel Change Notice available from your payroll/personnel representative.)
- Return this form to *your payroll/personnel representative*.

☐ Name Change – Attach copy of Social Security card showing new name. Other ID/affidavits can't be accepted for name changes.

Old Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

New Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Reason ☐ Marriage ☐ Divorce ☐ Other \_\_\_\_\_

☐ Home Address Change

Old Street \_\_\_\_\_ Apt No \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

New Street \_\_\_\_\_ Apt No \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

☐ Mailing Address Change -- Complete this section if your home and mailing addresses are different.

Old Street \_\_\_\_\_ Apt No \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

New Street \_\_\_\_\_ Apt No \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

☐ Contact Phone Change

Old (\_\_\_\_\_) \_\_\_\_\_

New (\_\_\_\_\_) \_\_\_\_\_

☐ Work Phone Change

Old (\_\_\_\_\_) \_\_\_\_\_

New (\_\_\_\_\_) \_\_\_\_\_

☐ Home E-mail Change

Old \_\_\_\_\_

New \_\_\_\_\_

☐ Work Mail Stop Change

Old \_\_\_\_\_

New \_\_\_\_\_

☐ New Emergency Contact – Attach additional copies of this form if more than one emergency contact.

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street \_\_\_\_\_ Apt No \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ Relationship to you \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_

Check all boxes that apply: ☐ This is my primary emergency contact – contact this person first in the event of an emergency.  
☐ Retain previously submitted emergency contact information.  
☐ Delete previously submitted emergency contact information.

## ■ Authorization

*This information is true, correct and complete, and amends previously submitted information.*

Signature \_\_\_\_\_ Date signed \_\_\_\_\_

Printed name \_\_\_\_\_ Date changes effective \_\_\_\_\_

PeopleSoft pay ID \_\_\_\_\_